Noncredit Registration Form

PLEASE PRINT NEATLY. NOTE that we do not accept registrations by email. This form will not be processed if submitted by email. • Fax: 443-518-4333



You Can Get There From Here.

General Information							
HCC Student ID#: (Please print neatly)		Date o	of Birth:	/			
Name: (Last)	(First)					(MI)	
Address: (Street)			Apt/Unit:				
CityState:		Zip:	Zip:County:				
\square I have lived at this address for at least three mo	nths						
Home Phone:	☐ TDD	Gender: Male • Are you of Hispanic		in? Yes	No		
Cell Phone:		What is your race?	ŭ				
Business Phone:		American India	n or Alaska N	ative _	Asian		
Email Address:		Black or African AmericanWhite					
	Native Hawaiian or Other Pacific Islander (For race definitions, visit howardcc.edu/categorydefinitions)						
 ☐ My information has changed since my last regis ☐ I have previously taken a class at HCC. ☐ I am a Maryland resident age 60 and older and 							
Course Registration							
COURSE NO.	TITLE		STA	rt date		TUITION + FEES	
(SAMPLE) XE-800 9783 #3492	(SAMPLE) Personal Lan	dscaping	(SAMP	LE) 11/1/17	7	(SAMPLE) \$65	
	1						
	Out-of-county Maryland residents add \$10 per course.						
Residents outside Maryland add \$20 per course.							
	SENIORS (Maryland residents ages 60 a			•			
	Exception: For XE courses, pay						
				TO	TAL		
Students who register by mail or fax will receive an element of the latest three states of the students of th	•						
Signature Date							
I certify that the above information is true	and correct, and I request the enrollment change(s) in	dicated above.					
All charges due to Howard Community College (HCC) must be p veterans' education benefits, third party sponsors, and/or tuitior responsible for the balance due. Past due balances are subject transcripts and diplomas. HCC may require payment in the form	n waivers may be able to defer that portion of their bale to collection and fees up to 25% of the original balance	ance. If the student's full balance. Students whose accounts are	e is not covered	by these other	r sources for	any reason, the student is	
FOR FAX-IN OR MAIL-IN: Please note that we	do not accept registrations by email. This	form will not be process	sed if submit	ted by ema	ail.		
(check one) Visa Mastercard Master	AmEx Discover	DISCOVER					
Card#:		Expirati	ion Date:				
Cardholder's Name (Please print legibly):	Signa	ture:					